Name in Full McKellen Eugene Clennon Jones

Certificate of Death

Died at Town Cooksville County Howard MARYLAND

Date 1898 Month Nov. Day 24th Age Y. 3. M. 2. D. 24 Native of Above Occupation —

Male ~~White~~ " ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Beal Jones

Mother's Name Fanny Jones.

Cause of Death: Primary Scarlet fever

Immediate General toxaemia

How long sick 7 days.

~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy, M. D.

Address Lisbon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

5=30
24

Name in Full

Certificate of Death

Herbert Kammar

Died at Town: Elk Ridge County: Howard MARYLAND

Dato 1898 Month: Nov. Day: 2 Age Y. 3 M. 9 D. Native of: Maryland Occupation: —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of X ———

Father's Name: John Kammar Mother's Name: Elizabeth Back

Cause of Death — Primary: Marasmus 82 How long sick: 2 months

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

Reported by: M. R. Eareckson

Address: Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full

Certificate of Death

Ada F. Lloyd

Town

County

Died at Howard MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 8	11	27	Age 19				

~~Male~~ White Married ~~Widow.~~ Divorced

Female Colored ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Chas. Lloyd

Father's Name — Naylor

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Union 12-3

Address

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Jessie Lee Lyles

Certificate of Death

Died at Town Dayton County Howard MARYLAND

Date 1898 Month Nov. Day 6 Age Y. 72 M. 8 D. Native of Montgomery Occupation Post & Rail

Male ~~White~~ Married Widow ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living Five

Husband / Wife of Mary Ruth

Father's Name Mother's Name 57

Cause of Death: Primary Organic Heart trouble — How long sick About Five Months

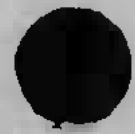
Immediate Heart Paralysis — ~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr. Chas Gilbert

Address Glenelg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958



Name in Full

Certificate of Death

Mrs Sarah McCaully

Died at Town: Ellicott City County: Howard MARYLAND

Date 1898 Month 11 Day 9 Age Y. 83 M. D. Native of Baltimore Co Occupation House wife

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Daniel McCaully

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 How long sick 3 days

Immediate Heart failure ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr Thos B. Owings

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66969

Name in Full Sarah McCauley

Certificate of Death

Died at Town Ellicott City County Howard MARYLAND

Date 189 8 Month Nov. Day 9th Age Y. 84 M. yrs D. | Native of Md | Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of Daniel J McCauley

Father's Name — Killed

Mother's Name

Cause of Death: Primary Paralysis

Immediate Heart failure

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CINC.

Attended by Dr. Owings 4-4th (64)

of Ellicott City

Seen by Coroner

of

Information contained in this certificate received from Dr J B Owings

of Ellicott City 1

Name in Full

Certificate of Death

John F. Matthews

Town: Glenwood, County: Howard, MARYLAND

Died at Glenwood, Howard MARYLAND

Date 189 8 November 12th | Age Y. 24 M. 11 D. | Native of Glenwood | Occupation Coachman

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 0

Husband / Wife of Lucy Matthews

Father's Name William H Matthews | Mother's Name Malinda Matthews.

Cause of Death: Primary — Gun shot wounds — How long sick 10 hours.

Immediate — Shock and loss of blood — Accident, ~~Suicide, Homicide~~

*Reported by J. W. Lacy, M. D.

Address Lisbon, Howard Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full | Certificate of Death

Wm Hanna Oliver

Died ~~at~~ near Town alpha Po County Howard MARYLAND

Date 1898 Month ~~Oct~~ Nov Day 4th | Age Y. 71 M. — D. — | Native of Ireland | Occupation Leisure

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Margaret, Scarborough Oliver

Father's Name John Oliver | Mother's Name Bessie Hanna Oliver

Cause of Death: Primary apoplexy 42 | How long sick 3 hours

Immediate heart failure | Accident, Suicide, Homicide

Reported by Dr Benj Shipley

Address alpha maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full | Certificate of Death

Angela Reese

Died at Town: Athollon County: Howard MARYLAND

Date 1898 Month 11 Day 18 | Age Y. 1 M. 8 D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Emory E. Reese | Mother's Name Annie E. Reese

Cause of Death: Primary Laryngeal Diphtheria | How long sick 2 days

Immediate Suffocation 8a | ~~Accident, Suicide, Homicide~~

Reported by [illegible] M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm. H. Ridgely

Town

Died at Woodstock

County

Howard

MARYLAND

Date 189[illegible] Month Nov Day 6th

Age Y. 36 M. yrs D.

Native of Howard Co

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced.~~

~~Number of children living~~

Husband / Wife of Lilly Linton

Father's Name Lloyd Ridgely

Mother's Name Priscilla Ridgely

Cause of Death — Primary: Tubercular consumption — How long sick: over 1 yr

Immediate: Septic fever & complete exhaustion.

~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley M D

Address Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Rowen

Died at Town County Howard MARYLAND

Date 189 Month Nov. Day 4 | Age Y. 80 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death { Primary: Heart trouble 5 7 | Immediate: Old age. } How long sick

Accident, Suicide, Homicide

Reported by B. J. Burke

Address Ellicott City Howard Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

William L Smith

Died at St Charles College (Town) Howard (County) MARYLAND

Date 189 8 Month Nov. Day 5th | Age Y. 21 M. yrs D. | Native of U. S. A. | Occupation Student

Male yes White yes Married no Widow no Divorced no

Female no Colored no Single yes Widower no Number of children living none

Husband / Wife of none

Father's Name James E Smith

Mother's Name Bridget Smith

Cause of Death: Primary Appendicitis — How long sick 5 days

Immediate — Accident, Suicide, Homicide

Reported by Stephen Hilsinger

Address Undertaker Ellicott City md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. B. J. Byrne
of Ellicott City md

Information contained in this
Certificate received from
James F. Gough
of St Charles College md

Name in Full

Certificate of Death

Bessie Thomas Ward

Died at Town Daisy County Howard MARYLAND

Date 1898 Month Nov. Day 12th Age Y. 2. M. 11. D. Native of Daisy Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Thos J. Ward

Mother's Name Emma Ward

Cause of Death: Primary Scarlet fever

Immediate Renal of cardiac failure

How long sick 5 days.

~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy, M. D.

Address Lisbon, Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full

Certificate of Death

Martha Virginia Hyatt Hancock

Died at Town: Fort Hill County: Howard MARYLAND

Date 189 8 Month: 11 Day: 8 | Age Y. 34 M. 6 D. 8 | Native of Virginia | Occupation ———

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Jacob Hancock

Mother's Name: Ellen Hancock

Cause of Death — Primary: Epilepsy. (Status Epilepticus) How long sick: 48 hours

Cause of Death — Immediate: Exhaustion 47

~~Accident, Suicide, Homicide~~

Reported by: Samuel J. Fort M. D.

Address: Ellicott City [redacted] Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968